### FLOYD COUNTY HEALTH DEPARTMENT



1917 Bono Road New Albany, Indiana 47150-4607 Telephone (812) 948-4726 Fax (812) 948-2208 www.floydcountyhealth.org

Application for Temporary Food Service Permit
Application Date:
Hot Bone BBQ LLP Name of Business:
Jonathan Moore and Adam Pryor Owner(s) Name:
Address:
Phone: Fax Email: notbonebbq@yanoo.com
Person in Charge:
Certified Food Handler (Name/Number): Bethany Moore Phone 317-697-7291  (Must include copy of certificate at time application is being submitted or permit will not be processed)
(Must include copy of certificate at time application is being submitted or permit will not be processed)
Event Name:Date(s) of Event:Date(s)
Type of Structure: Trailer Tent Booth Building Other
Location of Stand: Room Full of Joy Hours of Operation: 10 am - 2pm
Food/Beverages to be sold (attach menu if necessary)
Location where food is prepared Chef Space, 1812 W Muhammad Ali, Louisville, KY 40203
Where is food/beverages stored prior to the event?: Chef Space (food cannot be prepared or stored at a personal residence)  Tom Marrow, chef Space confirmed 4/27/2
Fees for Temporary Food Service Permits are non-refundable. Fees for the permit are \$20.00 per day; \$100.00 maximum- for a maximum of 14 consecutive days
Permit fees are based upon the following Ordinances: Floyd County-2008-V, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814.
Name of Applicant Jonathan Moore Signature of Applicant July B M
* THE SECTION BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY *
PERMIT FEE 30 PERMIT NUMBER ISSUED CLERK INITIALS TS
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12

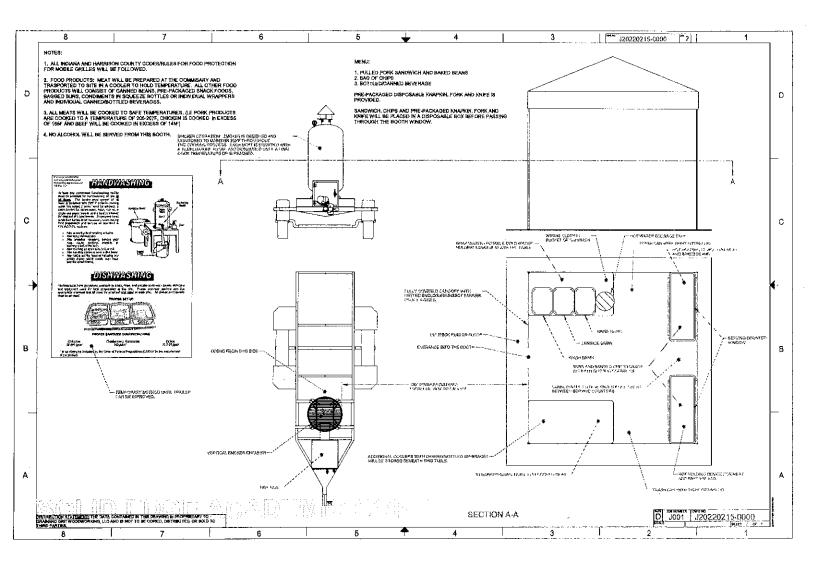
MUNIF 169726 CHK 7002

#### **MENU**

Boston Butt (Pork, Cooked to 207F)
Buns (Pre-packaged)
Pre-packaged snacks (Chips, Cookies, etc.)
Condiments (Bottled BBQ sauce, jarred pickles)
Bottled/Canned Beverages

#### **FOOD SOURCES**

Sanders Meat Processing (Celestine, Indiana) Sams Club



DFS-208 COMMONWEALTH OF KENTUCKY  Rev. 19/17 CABINET FOR HEALTH AND FAMILY SERVICES  DEPARTMENT FOR PUBLIC HEALTH					PUR	POSE :	FS1 A/94	FOLLOW- REQUIRE			
FOOD ESTABLISHMENT INSPECTION REPORT			-				7,54	<u> </u>			
ESTABLISHMENT NAME: ADDRESS:					CIT	Y/ZIP (	CERTIFIED FOOD MANAG	ER: YES			
CHEF SPACE 1812 W MUHAMMED ALI BLVD			1			UISVII	NAME: Tom Murro				
			SANITARIA		1739	<u>P</u>	EXP. DATE: 08/25/2022				
PERMIT #: 98705 TIME OUT: 10:50 AM RISK T  FOODBORNE ILLNESS. RISK FA				RISK TYPE		NIS BUI	EI RE L	FAIT	LINTERVENTE/NS	PROGRAM CODE: 605	
		Risk factors are food prep	paration practices and employ	ee behaviors	most (	ommo:	ly rep	orted	to the Centers for Disease Contro Introl measures to prevent lines:	and Prevention as	-1
		compliance status (IN, OUT, N/O	, N/A for each numbered item.	- New Committee Committee and a	heet rii	Hiserve	IICOMS	-14-4	Circle the appropria	te point value for FS1 and/o	r B2
!N ≃ in o Complianc		ce OUT×not in compliance N	I/A = not applicable N/O = not <		WY	Сонтор	Nanca S	tatus	FS1 = Foo	d Service R2 = Retail	
		<b>.</b>				-			Protection From Cor	tanination	The second secon
1 <sup>IN</sup>	F51	PERSON IN CHARGE PRESENT, DEMONSTRATES KNOWLEDGE, AND PERFORMS DUTIES			2	15	iN	FS1	Food separated and protected		
2 IN	FS1	Certified food protection mana	ger		1	16	IN	F\$1	PROPER DISPOSITION OF RETURNE RECONDITIONED AND UNSAFE FOO		
基		Employ	alone to a constitution of the second			17	IN	F\$1	Food stored covered		
3 IN	P51	MANAGEMENT, FOOD EMPLOYEE KNOWLEDGE, RESPONSIBILISTES A			2	18	IN	F\$1	POOD-CONTACT SURFACES: CLEAN	ED AND SANITIZED	
4 IN	FS1	PROPER USE OF RESTRICTION AND EXCLUSION			2				ntime/temperature Control to Safety and the		
5 #	FS1	RESPONSE PROCEDURES FOR VOMITING AND DIARRHEAL EVENTS			2	19	N/o	FS1	The second secon		
			To the property of the second		-22	1	N/O	PS1	PROPER REHEATING PROCEDURES	FOR HOT HOLDING	
6 IN	P31	PROPER EATING, TASTING, DR	The same of the sa	And the control of th	2	20	iN	P\$1	PROPER COLD HOLDING TEMPERAT	TURES	
7 IN	F51	NO DISCHARGE FROM EYES, N	OSE OR THROAT		2	21	H/O	ــــ	PROPER HOT HOLDING TEMPERATI		
<u>'  </u>				A CONTRACTOR OF THE PARTY OF TH		22		┞	<del></del>		
, W	FS1	Preventing Contain HANDS CLEAN AND PROPERLY			3	23	N/o	<b>L</b>	PROPER COOLING TIME AND TEMP		
• IN	FS1	NO BARE HAND CONTACT WIT			$\dashv$	24	N/A	P\$1	TIME AS A PUBLIC HEALTH CONTRO RECORDS	N.: PROCEDURES AND	
	-	APPROVED ALTERNATE METH	DD FOLLOWED		2	25	IN	F\$1	PROPER DATE MARKING AND DISP	OSITION	
o IN	FS1	Adequate hand washing facilities	es supplied and accessible		1			- 1/	Consumer Adv		A CAME I PLANE OF
		Арргола	in management of the second			26	N/A	F\$1	CONSUMER ADVISORY PROVIDED I UNDERCOOKED FOODS	FOR RAW &	
1 <sup>IN</sup>	F\$1	FOOD OBTAINED FROM APPRO	OVED SOURCE		3				Highly Susceptible	opulation	
2 N/O	FS1	FOOD RECEIVED AT PROPER TE	MPERATURE		2	27	N/A	FS1	PASTEURIZED FOOD USED: PROHIE OFFERED	SITED FOODS NOT	
3 HH	FS1	FOOD IN GOOD CONDITION, SA	AFE, AND UNADULTERATED		2		100		Chamical		
4 N/A	F61	REQUIRED RECORDS, SHELLSTO	OCK TAGS, PARASITE	T I	2	28	N/A	┖	FOOD ADDITIVES, APPROVED AND		
		DESTRUCTION			_	29	IN	FS1	TOXIC SUBSTANCES PROPERLY IDE		
	_ Q	KOKE SAVING TEO BRIQUES POST YE	And the said supplies and a second of the said of the				N/A	PS1	Conformatics with Appro COMPLIANCE WITH VARIANCE, SPE		
				A CONTRACTOR OF THE PROPERTY OF		30	147.5		HACCP PLAN		
				GOOD RI					chemicals, and physical objects i		
irch "OUT	I' If numi	ered from it not in compliance.	- Contract C	Circle the a						FS1 = Food Service R2	= Retail
ornaliance	Status		. Wie		wr	Come	ijence S	tatus	Proper Use of U		
1	FS1	PASTEURIZED EGG AND MILK P	The second secon		2	44		FS1	in-use utensils, properly stored		The second s
┿	FS1	REQUIRED		+		_	-	FS1	Utensil, equipment and finens: pro	perly stored, dried, handled	
2	P\$1	WATER AND ICE FROM AN APP VARIANCE OBTAINED FOR SPEC			2	45			  Single use/single service articles: pr	onesty stored yeard	
3	""	METHODS			2	46		_		operly stored, used	
	Z	Food Tempera				47	<u> </u>	PS1	GLOVES USED PROPERLY		
<u>'                                    </u>	F51	Proper cooling methods used; a temperature control	nodesic addibilient tot		1		lor-	Fc+	Utensils, Equipment		
•	F\$1	Plant food property cooked for I	hot holding		1	48	DVT		Food and nonfood-contact surfaces designed, constructed, and used	снеалавие, ргорепу	
,	F51	Approved thawing methods use	-d		1	49		F\$1	Ware washing facilities: Installed, in	aintained, used, test strips	
,	FS1	Thermometers provided and ac	curate		$\dashv$	50	ουτ	FSI	Nonfood-contact surfaces clean		
<u> </u>	<u> </u>				1	1.1.1 play	utour:			id Wate	
T	FS1	Food ident			ALC:	51	OUT	FS1	Hot and cold water available; adequi maintained	ate pressure; plumbing	
	<u> </u>				1 	52		F\$1	PLUMBING INSTALLED; PROPER BA	CKFLOW DEVICES	
	Ter-		Contamination	The state of the s	<b>E</b>	53	$\vdash$	P51	SEWAGE AND WASTEWATER PROP	ERLY DISPOSED	
	F51	Contamination prevented during display	g rood preparation, storage and		1				Physical Facil	And the second s	
,	FS1	Personal deanliness; hair restrai	ints		1	54		F\$1	Tollet facilities: properly constructe		
+-	FS1	Wiping cloths: properly used an	d stored		1	55	оит	FS1	Garbage/refuse properly disposed; f	<del> </del>	
┿	FSI	Washing fruits and vegetables			$\dashv$	-	ш				
	"				1	56	OUT		Physical facilities installed, maintain	eq and clean	
The William of the		Posting and C		TO THE PARTY OF TH	72	57	Li	F\$1	Adequate ventilation and lighting		
	FS1	Posted: Permit/Inspection/Hand	d Washing		1	58		F51	INSECTS, RODENTS AND ANIMALS I	OT PRESENT	
$\overline{\cap}$	7-1	Z L SPEKEL E PO L	mail address:				). P	\r .	11 0 0 m	·	
1 1/1	NI	いがだけなり	om.murro@cvky.org		1	Ι.	<u></u>	μX	recell-		
- 2	Call.		04/07/2022			1-				04/07/2022	

	Food	Service Establishment Inspect	tion Report Continuation Form		Page 2							
Establish	ment; CHEF SPACE	TOCITION LOCALISTICITE STREET	Permit #: 98705	Date: 04/07/2022								
	1812 W MUHAMMED ALI	BLVD	City/State: LOUISVILLE / KY	Zlp Code: 40203								
item Number			OBSERVATIONS	Control of the Contro								
					The second second							
48	F51; Walk-in cooler gasket in disrepair.											
50	FS1: Nonfood-contact surfaces have accumulation of soil.											
51	F51: Plumbing not maintained in good repair at power hose.											
55	FS1; Garbage/refuse containers not covered as required at grease dumpster. Outside garbage/refuse storage area is not clean at grease dumpster area.											
56	FS1; Floors not clean, Wall is not clean.											
,	General Comments: Hist 01-10/7/21 97 A 01-3/25/21 98 A A placard Letter Grade; A	ory										
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		•										
Food, Dru for 1 Food from any I	g and Cosmetic Act and applic   Service and/or 2 Retail Food	able regulations pursuant thereto, the vi (circle). Failure to comply with any time	iolations must be corrected by the next rout	in of your permit. An opportunity for an appe								
	in Charge (Signature)	not regular	-0	Date: 04/07/2022								
inspecto	or (Signature)	Marie Cont	2	Date: 04/07/2022								



# ServSafe® CERTIFICATION

## **BETHANY MOORE**

for successfully completing the standards set forth for the ServSales Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

5/6/2022
DATE OF EXX
Local laws apply. Che

10776 EXAM FORM NUMBER

5/6/2027

DATE OF EXPIRATION

y for recertification requirements

ACCREDITED PROGRAM
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end the Conference for Food Profection

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Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restourant.org.

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